

SAMPLE

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Supreme Court of Wisconsin

BOARD OF BAR EXAMINERS
110 EAST MAIN STREET, SUITE 715
MADISON, WI 53703-3328
TELEPHONE: (608) 266-9760

EXECUTE IN DUPLICATE

AUTHORIZATION AND RELEASE

I, _____, born at _____, on ____/____/____,
name city state date

with Social Security # _____, having filed an application for admission to the practice of law in Wisconsin, hereby consent to have an investigation and report made as to my moral character and fitness for the practice of law and such other information as may be received, all of which will be reported to the Board of Bar Examiners. I agree to give any further information that may be required in reference to my past record. I understand that the contents of my applicant file are confidential except as provided in SCR 40.12.

I also authorize and request every person, school, board of law examiners, firm, company, corporation, governmental agency, court, association, or institution having control over any documents, records, and other information pertaining to me, to furnish to the Board of Bar Examiners (hereafter BBE), Office of Lawyer Regulation (hereafter OLR), or the National Conference of Bar Examiners (hereafter NCBE) any information, files, or records requested in connection with the processing of my application. This authorization includes documents, records, bar association files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and includes my permission for the BBE, OLR, NCBE, or any of its agents or representatives to inspect and make copies of such documents, records, or other information.

I hereby request and authorize the Department of the (state branch of military service, if applicable, or state "not applicable") _____ to furnish to the BBE, OLR, or NCBE the record of each period of my service therein, and to furnish the character of service rendered for each period. My serial number is _____.

I hereby release, discharge, and exonerate the BBE, OLR, and NCBE, their agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information, or the investigation made by the BBE, OLR, or NCBE.

STATE OF _____)
) SS
COUNTY OF _____)

Signature of Applicant

Subscribed and Sworn to before me this ____ day
of _____, _____.

Notary Seal or Stamp

Notary Public* (Print name)

Notary Public (Sign name)

My commission: ____ expires _____.
____ is permanent.

*A notarial seal or stamp is required.

BE-002 (8/04)

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